

Complaint No. _____

**COMPLAINT FORM FOR
KENTUCKY STATE BOARD OF PHYSICAL THERAPY**

Person Filing Complaint

Name _____

Address _____ City _____ State _____ Zip _____

Day Telephone (____) _____ Night Telephone (____) _____

Patients Date of Birth ____ / ____ / ____

Patient Information (if different from above)

Name _____

Address _____ City _____ State _____ Zip _____

Relation _____

**Name of Physical Therapist or Physical Therapist's Assistant
or other person who performed services.**

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

Names and phone numbers of persons who may provide additional information.

Brief description of offense, include date, time and location.

(Continue on reverse side)

By signing this complaint form, I hereby certify that the information provided is complete and true to the best of my knowledge.

Send To: Kentucky State Board of Physical Therapy
9110 Leesgate Road, Suite 6
Louisville, Kentucky 40222
502/327-8497
502/423-0934 (fax)